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**** CONTINUING DATA *******
None
**** FOREIGN APPLICATIONS *******
None
IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no				
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Dale B. Halling</i> Examiner's Signature	Initials			
STATE OR COUNTRY	IL	SHEETS DRAWING	6	TOTAL CLAIMS	40
				INDEPENDENT CLAIMS	15

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TITLE

SYSTEM AND METHOD FOR HOME AUTOMATION AND SECURITY

FILING FEE RECEIVED 4882	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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